

**City Of Covington Housing Choice Voucher Program  
Direct Deposit Authorization Agreement  
For Participating Property Owners**

I hereby authorize the City of Covington Housing Choice Voucher Program to initiate credit entries to my account (identified below) in the bank named below and authorize the bank to credit the same to my account.

This authority is to remain in effect until revoked by me in writing or by termination of my Housing Assistance Payment (HAP) contract with the City of Covington Housing Choice Voucher Program.

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☐ **CHECKING**

Checking Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_

Transit/ABA Number of Bank \_\_\_\_\_

\_\_\_\_\_  
Bank Name City State

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☐ **SAVINGS**

Savings Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_

Transit/ABA Number of Bank \_\_\_\_\_

\_\_\_\_\_  
Bank Name City State

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\_\_\_\_\_  
Property Owner's Signature Print Name Date

Note: **For CHECKING accounts:** Attach a voided check  
**For SAVINGS accounts:** Attach a letter from your bank or a deposit slip. Please call your bank to verify that the Transit/ABA Number on the slip is correct.

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FOR OFFICE USE ONLY: DIRECT DEPOSIT CODES  
CHECKING = DDC SAVINGS = DDS